2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-SY-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

Jan 20, 2005 08:00 AM Secretary of State DOCUMENT # L02000013939 THE PALM ON PARK, LLC Principal Place of Business Mailing Address P.O. BOX 920 360 PARK AVE. BOCA GRAND, FL 33921 BOCA GRAND, FL 33921-0920 01102005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0849451 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BURCH, JENNIFER DO NOT WRITE 360 PARK AVE BOCA GRANDE, FL 33981 IN THIS SPACE 3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title II applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 U00000186771 01/21/05-80069-017 50.00 MANAGING MEMBERS/MANAGERS 2. TITLE NAME BURCH, JENNIFER 360 PARK AVE STREET ADDRESS CITY-ST-ZIP BOCA GRANDE, FL 33981 TITLE BURCH, KENNETH NAME STREET ADDRESS 360 PARK AVE CITY-ST-ZIP BOCA GRANDE, FL 33981 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND